PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

23072-08584005

			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS			8					RATE	FEE	Ĭ	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			g minus 20=		* 0			X\$ 9=	e de la granda de la compansión de la comp	· OR	X\$18=	
INDEPENDENT CLAIMS			A minus 3 =		* 0			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	ess than zero, enter "0" in col			olumn 2		TOTAL	370	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	• • • • • • • • • • • • • • • • • • • •
AME	Independent	*	Minus			=	11	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
Ti ADDIT										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDI	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	=	41	X42=		OR	X84=	
<u> </u>	THOTPHESE	INTARION OF IM	JETT LE DET	LINDLIN	CLANV		_	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	er en	(Column 1)	Section and Company of the Company o		mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	····	=	┧╽	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T-CI-AIN			X42=		OR-	X84=	
<u> </u>	I IIIOI FRESE	INTATION OF M	OLITE DEF	CIADEIA	I CLAIIVI		┙┆	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
	The "Highest Num	mber Previously Pa nber Previously Pa	aid For IN IHI id For" (Total or	o SPACE Independ	is less that dent) is the	an 3, enter "3." e highest numb			ropriate box			